

**Allogeneic stem cell transplantation as salvage therapy for Waldenstrom's Macroglobulinemia and Lymphoplasmacytic Lymphoma patients. A report from the Lymphoma Working Party of the European Group for Blood and Marrow Transplantation.**

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Lymphoplasmacytic Lymphoma including Waldenstrom's Macroglobulinemia (WM) is a rare low grade lymphoproliferative disorder that mainly affects elderly patients. Survival depends on the tumour burden and disease aggressiveness at presentation. Recent advances and combination regimen in the management of the disease have improved the overall response rates and the quality of response although the outcome for high risk disease remains poor. Information regarding the role and the timing of allo-SCT in the treatment algorithm of the disease has not yet been defined. Because of the rarity of the disease and older presentation age allo-SCT did not used to be considered as therapeutic option for these patients.

However, the introduction of reduced intensity conditioning allo-SCT (RIC) has enabled older patients to undergo the procedure. We published data on 86 WM patients from the EBMT registry who received allo-SCT. We reported response rate of 78.5% in heavily pre-treated group of patients. The PFS was 54% and 52% and OS was 66% and 63% at 3 and 5 years for RIC and Myeloablative conditioning (MAC)-allo-SCT respectively.

This study presents the outcome of allo-SCT in patients with LPL and WM treated and reported to the EBMT registry between 2000-2011. 304 patients allografted using either RIC-allo-SCT (n=186) or MAC-allo-SCT (n = 118) were retrospectively studied. Median age was 54 years (13% were older than 55 years), median time from diagnosis to allo-SCT was 4.6 years, 100 patients had received  $\geq 3$  previous lines of therapy, 48 patients had failed a prior autologous stem cell transplantation (ASCT), 184 patients (60%) had chemosensitive disease and 14.7% had poor performance status at the time of allo-SCT. 14% received donor lymphocyte infusion.

Fourteen percent of the patients developed grade III-IV acute GVHD and 24% extensive chronic GVHD. 66% achieved complete disease remission. Overall survival was 62% and 66% and relapse rate (RR) at 3 years was 21% for MAC and 26% for RIC respectively. These data suggest that allo-SCT can salvage and induce durable remissions in a selected population of transplant eligible and heavily pre-treated LPL and WM patients.